

DECLARATION OF INVENTOR(S) FOR UNITED STATES PATENT APPLICATION		ATTORNEY DOCKET NO. V0690.0016	
As a below-named inventor, I hereby declare that I verily believe that I am the original, first, and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:			
DIMMABLE BALLAST WITH RESISTIVE INPUT AND LOW ELECTROMAGNETIC INTERFERENCE			
the specification of which is attached hereto, unless the following box is checked:			
<input type="checkbox"/> was filed on ____ as United States patent Application Number ____.			
I have read and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to the patentability of the invention in accordance with Title 37, Code of Federal Regulations, §1.56.			
I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:			
Prior Foreign or U.S. Provisional Application(s)			
COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
United States	60/518,880	November 10, 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.			
UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)	
SEND CORRESPONDENCE TO: DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 1177 Avenue of the Americas, 41st Floor New York, NY 10036-2714			
DIRECT TELEPHONE CALLS TO: (212) 835-1400			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
FULL NAME OF SOLE OR FIRST INVENTOR		INVENTOR'S SIGNATURE	DATE
Franki Ngai Kit Poon			
RESIDENCE (City and either State or Foreign Country)		COUNTRY OF CITIZENSHIP	
Hong Kong, China		Hong Kong	
POST OFFICE ADDRESS			
1st Floor, 312, Ki Lung Str., Shan Shui Po, Kowloon, Hong Kong			
FULL NAME OF SECOND JOINT INVENTOR (IF ANY)		INVENTOR'S SIGNATURE	DATE
MAN HAY PONG			
RESIDENCE (City and either State or Foreign Country)		COUNTRY OF CITIZENSHIP	
Hong Kong, China		Hong Kong	
POST OFFICE ADDRESS			
Flat G, 1st Floor, Tower 13A, Yee Fai Court, South, Horizons, Ap Lei Chau, Hong Kong			
FULL NAME OF THIRD JOINT INVENTOR (IF ANY)		INVENTOR'S SIGNATURE	DATE
JOE CHUI PONG LIU			
RESIDENCE (City and either State or Foreign Country)		COUNTRY OF CITIZENSHIP	
Hong Kong, China		Hong Kong	
POST OFFICE ADDRESS			
Flat 3406, Kwai Fung House, Kwai Chung, NT, HONG KONG			
FULL NAME OF FOURTH JOINT INVENTOR (IF ANY)		INVENTOR'S SIGNATURE	DATE
RESIDENCE (City and either State or Foreign Country)		COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS			

☐ See attached page 2.